SAMHSA Submits Report to Congress: "Addictions Treatment Workforce Development"

By Laura Tierney

"In 2004, over 23 million Americans, age 12 and older, needed specialty treatment for alcohol or illicit drug problems" (NSDUH, 2005). However, treatment for those who suffer from substance use disorders is insufficient due to lack of funding and an inadequate number of qualified professionals in the addictions treatment field.

In response to this workforce shortage, Congress requested in the U.S. Department of Health and Human Services (DHHS) 2006 Appropriations bill, that the Substance Abuse and Mental Health Services Administration (SAMHSA) issue a workforce development report to address the needs of substance abuse treatment professionals. Congress requested that the report be submitted to the House and Senate Committee on Appropriations. In its request, the House Committee on Appropriations stated the following:

> The Committee has concerns that people who are seeking substance abuse treatment are unable to access services due to the lack of an adequate clinical treatment workforce. People seeking treatment often have to wait for weeks or months before they are accepted into a treatment facility. The Committee requests that SAMHSA issue a report, after consultation with stakeholders and other Federal partners, on workforce development for substance abuse treatment professionals. The report should focus on both the recruitment and retention of counselors and on improving the skills of those already providing services as well as ways in which States can play a role (House Report No. 109-143, page 117)

In response to the request, SAMHSA, through the Partners for Recovery (PFR) Initiative, developed the "Report to Congress: Addictions Treatment Workforce Development." To develop the Report, SAMHSA first conducted an environmental scan of recent research, which identified the following workforce needs:

1. Quantitative data on the workforce;
2. Educational standards and workforce credentialing;
3. Training to raise skill levels of the existing workforce;
4. Strategies to reduce stigma; and
5. Strategies to address an aging workforce (Kaplan, 2003).

SAMHSA next assembled 128 individuals in nine different stakeholder groups to discuss the challenges faced by the additions treatment workforce. Many organizations and employment categories were represented at these meetings including: addictions counselors, Addiction Technology Transfer Centers (ATTCs), certification boards, Federal agencies, professional trade associations, clinical supervisors, college and university professors, faith-based providers, human resource managers, marriage and family therapists, nurses, physicians, psychiatrists, recovery support personnel, researchers, social workers, and State Directors. Federal government partners that were represented included the Departments of Labor, Defense (Marine Corps and Navy), Veterans Affairs, Justice and Education, as well as the National Institute on Drug Abuse, the

National Institute on Alcohol Abuse and Alcoholism, the Health Resources and Services Administration, the Centers for Medicare and Medicaid Services, and each of the SAMHSA Centers (Center for Mental Health Services, Center for Substance Abuse Prevention, and Center for Substance Abuse Treatment).

The Report begins with a discussion of both long-term and emergent issues impacting the addictions treatment workforce. This information provides a context for understanding the challenges facing the workforce and a background for the recommendations in the report. These issues and trends are:

- Insufficient workforce/treatment capacity to meet demand;
- The changing profile of those needed services (e.g., an increasing number of injecting drug users, narcotic prescription and methamphetamine users);
- A shift to increased public financing of treatment;
- Challenges related to the adoption of best practices;
- Increased utilization of medications in treatment;
- A movement toward a recovery management model of care (i.e., a chronic care approach analogous to those adopted for the treatment of other chronic disorders, such as diabetes and heart disease);
- Provision of services in generalist and specialist settings (e.g., provision of services in primary care and other settings in addition to addictions treatment program settings);
- Use of performance and patient outcome measures; and
- Discrimination associated with addictions.

The Report includes a discussion of six focus areas and a detailed explanation of recommendations in each focus area. The following are the 20 priority recommendations presented in the Report organized by key focus areas:

A. Infrastructure Development Priorities

1. Create career paths for the treatment and recovery workforce and adopt national core competency standards;
2. Foster network development; and
3. Provide technical assistance to enhance the capacity to use information technology.

B. Leadership and Management Priorities

1. Develop, deliver and sustain training for treatment and recovery support supervisors, who serve as the technology transfer agents for the latest research and best practices; and
2. Develop, deliver and sustain leadership and management development initiatives.

C. Recruitment Priorities

1. Expand recruitment of health care professionals in addictions medicine;
2. Improve student recruitment with educational institutions, focusing on under-represented groups;
3. Employ marketing strategies to attract workers to the addictions treatment field; and
4. Continue efforts to reduce the stigma associated with working in addictions treatment.

D. Addictions Education and Accreditation Priorities

1. Include training on addictions as part of education programs for primary health care and for other health and human service professions (e.g., physicians, nurses, psychologists and social workers);
2. Call for the use of national addictions core competencies as the basis of curricula;
3. Support the development and adoption of national accreditation standards for addictions education programs;

4. Encourage national and State boards for the health professions to have at least 10 percent of licensing examination questions pertain to addictions";
5. Support academic programs in Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions, Tribal Colleges and Universities and other minority-serving institutions; and
6. Develop college and university courses on health services research and its application and systematically disseminate research findings to academic institutions.

E. Retention Priorities

1. Identify and disseminate best practices in staff retention; and
2. Address substance misuse and relapse within the workforce.

F. Study Priorities

1. Conduct studies that examine the relationships among level of education, type of education, training and treatment outcomes;
2. Conduct studies that examine the relationships among clinician and patient/client cultural, demographic and other characteristics, therapeutic alliance and treatment outcomes; and
3. Conduct studies that explore questions related to the characteristics of clinicians' training and skills that enhance therapeutic alliance.

The recommendations in the Report to Congress are directed at a variety of organizations, including Federal and State governments, national trade associations, credentialing and licensing bodies and academic institutions. These organizations can positively impact the future of the addictions treatment workforce. The Report concludes by suggesting that improvements in the condition of the workforce will require a multi-faceted approach that addresses both the short-term needs and the long-term viability of the field. On October 24, 2006, SAMHSA submitted the "Addictions Treatment Workforce Development" Report to the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies.